"SPURIOUS HERMAPHRODITISM."

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HYPOSPADIAS, where the patient, mistaken for a female at birth, has passed as such to the present time.

BY JAMES L. LITTLE, M.D.,

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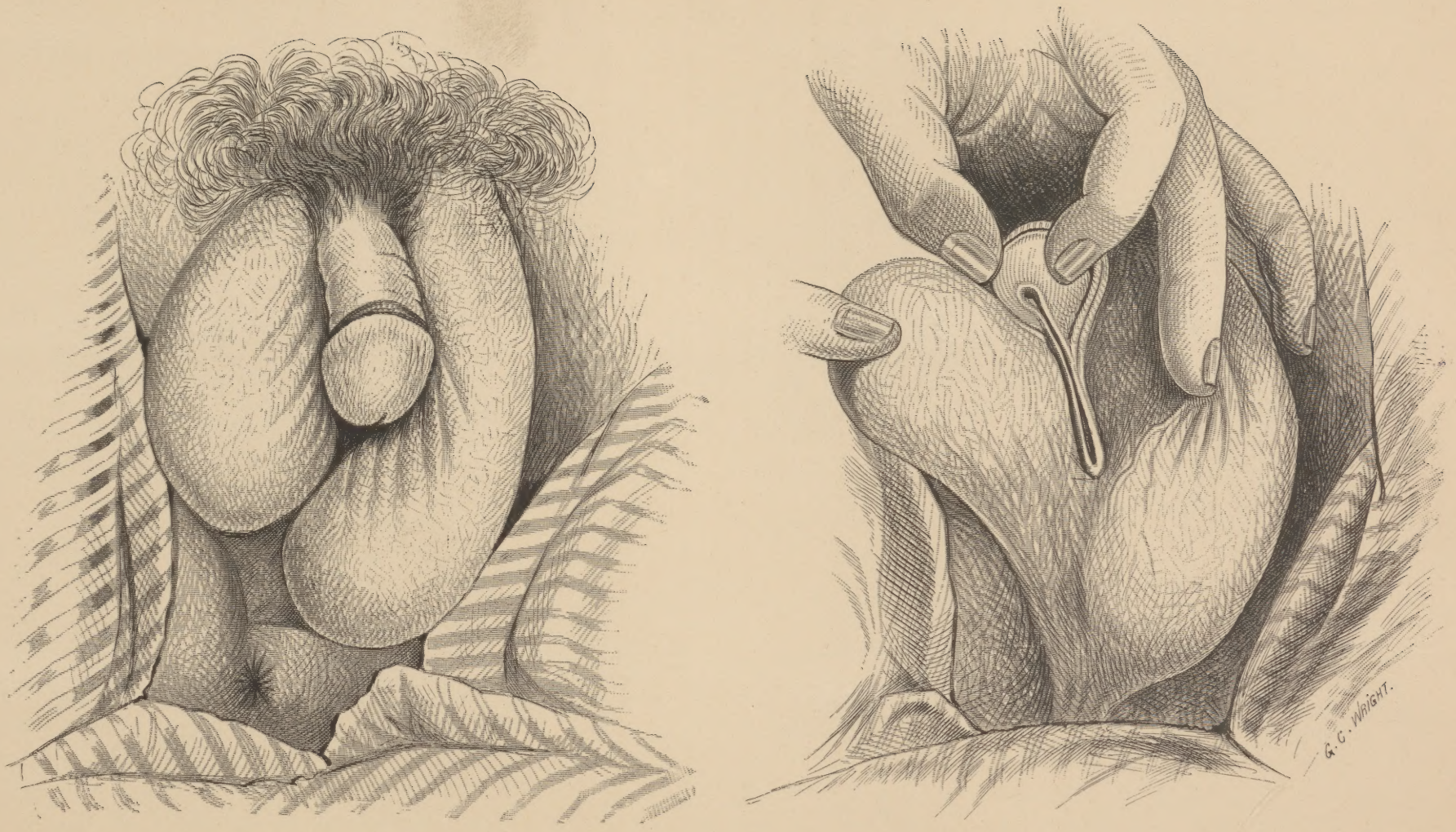

From a sketch from life expressly for Illustrated Medicine and Surgery.

XXX. HYPOSPADIAS SIMULATING HERMAPHRODITISMUS.

(Case of Prof. J. L. Little.)

SPURIOUS HERMAPHRODITISM.

A CASE OF HYPOSPADIAS, WHERE THE PATIENT, MISTAKEN FOR A FEMALE AT BIRTH, HAS PASSED AS SUCH TO THE PRESENT TIME.

BY JAMES L. LITTLE, M.D.,

Professor of Surgery, Medical Department of the University of Vermont; Professor of Clinical Surgery in the N. Y. Post Graduate Medical School; Surgeon to St. Luke's and St. Vincent's Hospital, N. Y., &c.

This patient came under my care about eight years ago, with the following history: He was thirty-four years of age. At the time of his birth his mother was attended by one of the most prominent physicians of the town in which she lived, who pronounced the child a girl. Between the age of twelve and fourteen, however, he found by his own observation that he differed from other girls of his acquaintance, and calling his mother's attention to it, she consulted a physician, who, after making an examination, informed her of the nature of the deformity, and assured her that the child was a male. The parents proving to be too ignorant to properly comprehend the difficulty, and notwithstanding the assurance of their physician to the contrary, continued in the belief that the child was a female, and in consequence made no change in his apparel. As a result of this stupidity on the part of his parents and his own modesty and want of courage, together with an amount of religious superstition seldom met with, he has grown to his present age, still wearing the garb of his mistaken identity, and passing as a female among his acquaintances; although he is aware that it is generally whispered about the town by many who know him that he is an hermaphrodite.

He bears a female name, and when he consulted me at my office his appearance was more that of a man than a woman. His form was strong and masculine, height about five feet six inches, and his walk and actions were decidedly those of a male. He wore his hair long and in the style usually affected by females of his position in life, but he also said that he had a beard which he was obliged to shave every morning in order to escape detection.

His occupation is one usually performed by males, and although he is a skilled workman he receives only the compensation usually paid females.

Upon examination I found that he was suffering from the congenital deformity called hypospadias of the third degree. The corpora cavernosa and glans penis seemed to be well developed, with the exception of the meatus. The corpus spongiosum and urethra consisted only of a gutter lined throughout with mucous membrane, commencing at the glans penis and ending at the junction of the penis with the scrotum. The scrotum was cleft or divided into two lobes, each containing a well-developed testicle. In addition to this he had a bubonocele of each side.

Upon lifting the penis between the finger and thumb, as represented in the accompanying cut, which was drawn for me at the time by Mr. Geo. C. Wright, anatomical artist, of this city,

it seemed as though a simple division of the cutaneous tissue would be sufficient to permit the straightening of the organ. I recommended that this operation be performed, but told him that it was extremely unlikely that I would be able, owing to the extreme degree of the malformation, to increase the length or efficacy of the deficient urethra. I advised him to enter the hospital, but here a number of difficulties presented themselves. He could not, of course, enter a female ward, being a male; nor, on the other hand, could he be put in the male ward still clad in the garments of the other sex, and these he objected to laying aside, as, he claimed, that he would not like to return to his home, even after an operation, dressed as a man after having passed so many years as a woman. Then too, even though the curvature of his penis were corrected, unless it was found to be possible to so increase the length of the urethra that it should end at or near the point where the meatus should have existed, he would not be able to micturate without assuming a sitting or squatting position; and he declared that the feminine vestments in view of that necessity were more convenient than those of the male. He also felt that he could not then spare the time necessary for the operation, as his aged father and mother were both dependent upon him for support.

His sexual desires were very strong, and were a source of almost constant annoyance to him, as he associated continually with females, but he had never made an attempt at sexual intercourse for fear of exposing his true condition. Some time ago he wrote asking the advisability of castration, with a view to putting an end to his sexual appetite, and he stated at that time that he suffered from lascivious dreams and emissions.

His erections were imperfect, the penis making almost a complete curve, so that the glans pointed almost to the scrotum.

The case was seen and examined at the time of this visit by Drs. T. G. Thomas and T. M. Markoe, of this city.

This case, although not presenting an unusual deformity, is interesting from the fact that the patient has all his life passed as a female. The deformity *itself* is due to an arrest of development of the genital organs during fœtal life. The genital furrow which exists in the fœtus has not entirely closed so as to form the urethra. The development of the corpus spongiosum has also been arrested, and this gives rise to that curvature of the penis which is so difficult to overcome successfully by an operation.

The deformity may exist in three degrees:

First. Where the opening of the urethra is just behind the frenum.

Second. Where it is between the frenum and scrotum.

Third. Where it exists just at the junction of the penis with the scrotum.

In regard to the treatment of these cases the plan to be adopted depends upon the degree of the malformation. Cases of the first and second degree are frequently amenable to operative procedures. The operation consists in the establishment of a urethra in the direction of the natural channel, and to describe its details would require more space than is allowed me for this article. The great difficulty in many cases is to overcome the curvature of the penis, owing to the fact that the fibrous structure covering the corpora cavernosa is non-extensible. Incisions through this will sometimes enable the surgeon to straighten the penis at the time of the operation, but if inflammation sets in, and the corpora cavernosa become involved, their structure is likely to be permanently impaired.

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